BIBLIOGRAPHICAL NOTICES.

ART. XVII.—*Transactions of American State Medical Societies* :—

1. *Transactions of the Eleventh Annual Meeting, for the years* 1861, '62, *and* '63, *of the Illinois State Medical Society*, held in Jacksonville, May 5, 1863. 8vo. pp. 80. Chicago, 1863.
2. *Transactions of the Eighteenth Annual Meeting of the Ohio State Medical Society*, held at Ohio White Sulphur Springs, June 16, 17, 18, 1863. 8vo. pp. 94. Cincinnati, 1863.

1. AT the session of the *Illinois State Medical Society* for the year 1863, the annual address with which the business of our professional associations are so generally introduced appears to have been dispensed with, the volume of *Transactions* before us commencing at once with reports of committees on professional subjects.

The first of these reports is on "Typhoid Fever," by Dr. H. NOBLE, of Heyworth. This paper is not without interest, though it sheds but little additional light upon any of the mooted questions relative to the etiology, pathology, prognosis or treatment of typhoid fever—disease which is becoming every day of deeper interest to the physician in consequence of its increasing prevalence, and the fact that it has in nearly all of the malarial regions, of Pennsylvania at least, supplanted in great measure the remittent and intermittent fevers which had been previously considered to be their essential endemics.

The next report is that of a special committee on "Diseases of the Eyes," presented by Dr. E. L. HOLMES, of Chicago.

In explanation of the extensive prevalence of conjunctivitis in Illinois and the northwestern portions of the United States generally, Dr. Holmes refers mainly to the dryness of the atmosphere, the brightness of the sun's light, the constant winds, loaded with minute portions of dust, which sweep over the unbroken level of the country, and the reckless manner in which the population exposes itself to these influences. Several of the influences enumerated are unquestionably the same which render conjunctivitis so common a disease in Egypt and Syria. That they are the chief causes of this malady may be inferred from the fact that, in the majority of the cases examined the attack occurred in summer. It is worthy of remark, also, that in Chicago and other places near the lake, where the atmosphere is much moister than in those at a distance from it, conjunctivitis is comparatively rare.

According to Dr. H. a common cause of the spread of catarrhal ophthalmia is contagion, which is rendered the more efficient by the manner in which the small dwellings in the northwestern States are often crowded with people, and by the careless habits of their inmates as regards cleanliness; the disease, when it breaks out in a household, being quickly communicated from one of its members to another by the use in common of the same handkerchiefs and towels.

It is well known that after some penetrating wounds of the eyeball an obstinate chronic inflammation of all the deep-seated tissues is liable to supervene, resulting in the entire disorganization of the organ; and that in these cases the uninjured eye sometimes becomes sympathetically affected. It is a well-established doctrine that the surest way to save the eye when thus sympathetically affected is by the partial or total extirpation of the wounded one. Dr. Holmes goes further, and recommends the extirpation of the injured eye in all cases at once before the other shows any sign of suffering, a practice which, we conceive, would lead to unnecessary mutilation of the patient in not a few instances. The removal of the injured eye, if accomplished early after the other becomes sympathetically affected, is quite effectual in saving the latter.

"Minor Mental Maladies" is the title of the next paper. It is by Dr. ANDREW MCFARLAND, and was read before the Association of American Institutions for the Insane. Though deficient in perspicuity, and with a surprising paucity of illustration, considering the fruitfulness of the field, the paper of Dr. McFarland is still replete with interest and instruction. Its value consists, however, mainly in its suggestive character; the author having rather touched than investigated the subjects embraced by his title. It is, we think, not improbable that many of the prominent peculiarities, the eccentricities, the minor vices of character, which distinguish certain individuals from those by whom they are surrounded, will be found, upon more minute investigation, to proceed from partial insanity of mind, and may be styled, not improperly, minor mental maladies. So far, however, as vices of character and disposition are clearly traceable to defective education, mental and moral—to evil example and associations—to the undue development or activity, as the phrenologist would say, of certain of the mental organs at the expense of others, they can scarcely be styled, with strict propriety, mental maladies of even a minor character, nor can they in whom such vices of character and disposition occur be classed with the insane, properly speaking. The entire subject opened by Dr. McFarland in the paper before us is deserving of a more careful and intimate investigation than it has as yet received.

The report of the Committee on "Surgery," by Professor E. ANDREWS, of Chicago, is a highly instructive one, especially that portion of it which treats of *military surgery*. A portion of the committee being engaged in active service during the year embraced in the report, has enabled its author to present a series of conclusions derived from a large number of gunshot wounds in different parts of the body, based upon personal observation or upon information derived from reliable sources.

The entire number of gunshot wounds of which there were full and correct records was 734. Of this number 50 were of the head, namely, flesh wounds and contusions 30, fractures of the face 9, of the cranium 5.

Of the 30 flesh wounds, 16 recovered, 4 died, and 10 remained uncertain. Of the 9 fractures of the face, 5 recovered, 1 died, and 3 remained doubtful. Bullet wounds of the bones of the face are liable to be followed by secondary hemorrhage. Of the 5 fractures of the cranium, 2 were from bullets penetrating the brain, and 3 from pieces of shell or oblique bullets. They all died; one was trephined, but without benefit. The general result of experience is that gunshot fractures of the cranium are fatal, and that trephining is seldom useful. A few unrecorded cases of recovery have come to the knowledge of the committee —these were all wounds of the anterior lobe of the brain, which would seem to sustain injury with less serious results than any other portion of the organ.

Wounds of the Neck.—These were ten in number, all flesh wounds: six recovered, and four remained doubtful. Wounds of the large bloodvessels of the neck, and fracture of cervical vertebræ, usually die at once upon the field.

There were 164 *wounds of the trunk:* of these, 36 penetrated the lungs, 10 the cavity of the abdomen; 31 were flesh or fracture wounds of the shoulder, and 87 were flesh wounds of various regions, or fracture of ribs, not penetrating any cavity. Of the 36 wounds of the lungs, 12 recovered, 18 died, and 6 were uncertain. Of the 10 penetrating wounds of the abdomen, 2 were from stabs, 8 from gunshots; the first two recovered. Of the gunshots, 6 died and 2 remained very doubtful. With very few exceptions, bullet wounds penetrating the abdominal cavity were fatal. Of the wounds of the shoulder, 20 recovered an 11 remained in doubt. All the superficial wounds of the trunk terminated favourably.

There were 69 cases of wounds of the arm—namely, 28 compound fractures of the humerus, 41 flesh wounds. All the latter recovered. Of the fractures, 21 recovered, 4 died, and 3 were in doubt. In 6 of the fractured cases, the shoulder-joint was resected; of these, 5 recovered and 1 died. In 6, amputation was performed at the shoulder-joint; of these 4 recovered and 2 died. In 8 cases, amputation of the arm was performed; of these, 7 recovered; the result of the other was unknown. In 8 cases no operation was resorted to, the fracture being treated with splints; of these 7 recovered and 1 died.

There were 14 cases of *wounds of the elbow:* namely, 4 flesh wounds, of which

2 recovered, and the result of 2 was unknown. 10 compound fractures of the joint, of which 7 recovered, 1 died, and 2 remained uncertain. In 4 of these cases, resection of the joint was performed, with 3 recoveries and one death. In 3, amputation of the arm was performed; of these cases 2 recovered, and 1 was undecided. In *three* cases of less severity, no operation was performed; all these recovered.

There were 43 *wounds of the forearm:* 27 flesh wounds, and 16 compound fractures. Of the flesh wounds, 22 recovered, and 5 were doubtful. Of the compound fractures, 10 recovered, and 6 remained doubtful. In 4 of the cases, amputation was performed, all of which recovered.

There were 77 *wounds of the hand:* of these, 38 were flesh wounds, of which 37 recovered, and one died. 25 were attended with fracture of the phalanges, of which 18 recovered, and in 7 the result was unknown. 9 were attended with fracture of the metacarpus, of which 4 recovered, and in 5 the result was unknown. 5 were attended with fracture of the wrist; of these 3 recovered and 2 were doubtful. 24 fingers were amputated, with a favourable result in 19; 5 were not heard from. One amputation was performed through the metacarpals—result unknown. One shot across the metacarpals was very unjustifiably treated by amputation of the forearm, four inches above the injury—the patient recovered.

There were 43 *wounds of the pelvic region:* namely, 40 flesh wounds and 3 attended with fracture. In none of the latter was any of the viscera implicated. Of the flesh wounds, 30 recovered, 3 died, and 7 were undecided. Among the fatal cases was one with injury of the bladder, and another attended with secondary hemorrhage and general exhaustion, from the bad air of an overcrowded boat. 2 of the cases attended with fracture recovered, and 1 died.

There were 109 *wounds of the thigh:* of these, 90 were flesh wounds, and 19 were attended with fracture of the femoris. Of the 90 flesh wounds, 76 recovered, 3 died, and 11 were doubtful. Of the 19 fractures, 6 recovered, 12 died, and 1 was doubtful. In 5 of the fractured cases, amputation was performed at the upper third of the thigh, with 1 recovery and 4 deaths; 3 were amputated at the middle third, with 2 recoveries and 1 death; one was amputated at the lower third and recovered. 2 cases were treated by resection of the fractured portions in the continuity of the joint; both died. 9 cases were treated simply with splints, position, and such incisions as were necessary for the discharge of pus; 3 recovered, 6 died. 2 of the recoveries were in persons who had been shot in the cancellated tissue of the neck or trochanter, and 1 of these had lain twenty hours on the field in very raw and cold weather. The reason why shots through the cancellated tissue, at the superior fifth of the femur, are far less dangerous than those in the compact bone of the shaft, is because, in passing through a soft bony structure, the ball produces only a moderate amount of shattering, whereas the impact of a minie ball upon the brittle ivory of the shaft, splinters it for several inches, and scatters the fragments among all the surrounding tissues, producing very extensive disorganization. Such cases nearly all terminate fatally within the first five days, no matter what is the treatment adopted.

There were 26 *wounds of the knee:* 14 were flesh wounds, and 12 attended with compound fracture. Of the first, 12 recovered, and 2 remained doubtful. Of the fracture cases, 5 recovered, 4 died, and 3 remained doubtful. 1 case was treated by resection of the joint, and recovered; in 1 no operation was performed, and death ensued.

There were 79 *wounds of the leg:* 56 flesh wounds and 23 with fracture. Of the flesh wounds, 51 recovered, 1 died, and 4 were undecided. Of the fractured cases, 14 recovered, 7 died, and 2 were unknown. In 12 amputation of the leg was performed with 11 recoveries and 1 death; 1 was treated by amputation of the lower third of the thigh, and recovered; in one case a portion of bone was resected, which also recovered; 8 were treated by splints alone; of these, 2 recovered, 4 died, and 2 remained doubtful.

There were 50 *wounds of the foot:* namely, 31 flesh wounds, and 4 attended with fracture of the phalanges, which recovered; 6 with fracture of the metatarsus, of which 4 recovered, 1 died, and 1 was unknown; 9 with fracture of the tarsus, of which 7 recovered, 1 died, and 1 remained doubtful. Amputation

of the toes was performed in 4 cases—all recovered. One amputation through the tarsus was performed, and the patient recovered. In 4 cases the leg was amputated, with 3 recoveries and 1 death.

In respect to operations after wounds, we have the following statements :—

Amputation at the shoulder joint is only proper where an arm has been torn off, or otherwise so hopelessly disorganized as to render mortification of the limb inevitable. If the head of the humerus only is shattered, resection should be preferred. From the tables given in the report before us, amputations at the shoulder-joint had a mortality of 1 in 3, while resections of the joint showed a loss of only 1 in 6 : being an advantage of 6 per cent. in favour of resection, besides the saving of a useful limb. Sabre cuts and bullet wounds, simply opening the shoulder-joint, without serious injury of the bones, require neither amputation nor resection. If, however, the head of the humerus is badly comminuted, an operation is absolutely required, as the mortality of cases treated simply by splints, is found to be over 60 per cent.

Amputation of the arm is called for only when there is no hope of the limb being saved. Even in bad fractures of the humerus, or shattered elbow, the operation is not warranted, if there is a good pulse at the wrist. Whenever the circulation continues in some measure below the injury, all loose fragments of bone should be removed, and the limb dressed as for other compound fractures. Of 11 cases of amputation referred to in the report before us, none died.

All cases of *amputation in the forearm and hand*, of which the results could be obtained, recovered. It should be borne in mind, however, that the forearm and hand recover from the most frightful looking wounds with surprising ease, and that every inch which can be preserved is of priceless value to the patient. Of a mangled hand, almost all the remaining portions may, and should generally be retained.

No case of *amputation at the hip-joint* is recorded in the report.

Amputations of the thigh, when secondary, are usually fatal, therefore the decision of the surgeon must be made up at once from the appearance of each case, and if amputation be decided on, it should be promptly executed. The records before us show 20 amputations of the thigh, of which 9 died, 10 recovered, and 1 remained doubtful, being a mortality of about 45 per cent. Resection was tried in 2 cases; both died within the fifth day. In 9 cases the treatment was by splints, with merely an incision to evacuate pus; of these, 2 recovered and 6 died.

Amputation should always be performed as far from the trunk as possible.

The following general conclusions in respect to wounds of the thigh are given in the report :—

"1st. A very large portion of the cases with badly comminuted femurs will die within five days, alike under all kinds of treatment. There is no perfect reaction."

"2d. Shots through the spongy tissue of the trochanter and neck of the femur are less fatal than those through the compact tissue of the joint. A large portion of them will recover with simple extension splints, and in some instances incisions to evacuate pus; whereas, amputations and military excisions may be said practically to be all fatal."

"3d. Amputation above the middle of the femur should only be resorted to in desperate circumstances, when the limb below is either torn off or so injured that there is little hope of its escaping mortification. If circulation and innervation are good below, a free incision should be made down to the comminuted bone, and the limb then dressed with a straight splint, and adhesive strap extension bands."

"4th. In all severe compound fractures of the lower half of the femur, and all gunshot fractures of the knee-joint, if amputation can be effected below the middle of the thigh, it should promptly be performed. By this, about 75 per cent. of the patients may be saved, but if attempts are made to save the limb, almost every case will prove fatal."

Amputation of the leg may be practised whenever it is impossible to save a useful limb. While, however, the circulation in the foot continues, an attempt

should be made to preserve the limb. The danger of postponing or omitting amputation is not great even though the foot should mortify.

Resection of the elbow, in respect to risk to the patient, is about upon a par with amputation; but as the first preserves and the latter takes away the hand, the choice, in every case which admits of it, is clearly in favour of resection.

Resection of the knee-joint.—In the report before us it is remarked that more extensive statistics are needed to settle the true value of the operation. The advice given, based upon the observations of the committee and a careful review of the opinions of other surgeons, is that whenever good air and perfect rest can be secured to the patient resection of the knee is to be preferred, but under no other circumstances. Resections of the hand, leg, and foot are to be governed by the same rules in military as in civil practice.

The present volume of *Transactions* closes with a highly interesting and practical paper, by Dr. David Prince, of Jacksonville, on *delayed union of fractures*, which was previously published in the number of this journal for Oct. 1863, p. 313.

2. The *Transactions* of the eighteenth annual session of the *Ohio State Medical Society* opens with the valedictory address of the retiring president, Dr. J. W. Russell. The subject of the address is "the cultivation, advancement, and elevation of the medical profession." The means for effecting these important objects are passed successively in review, and commented upon with great ability.

The first of the scientific papers is one on the "Employment of Electricity in Midwifery," by Dr. D. S. Gans, of Cincinnati.

The cases in which electricity may be employed with advantage within the domain of obstetrics are, according to the investigations of Dr. Gans, and the collation of all the observations in respect to it on record: First, when the production of premature labour is deemed advisable; principally where a kind of preparatory period has been made, by the repeated employment of the warm douche, or by the use of the colpenrysis. Second, in all cases of hemorrhage before and after delivery, and in retarded labour from atony of the uterus. Third, as one of the most powerful and certain means of resuscitating in cases of asphyxia neonatorum. Fourth, as a cautery for various operations on the uterus, as the extirpation of uterine polypus, amputation of the portio-vaginalis, and the exciting to healthy action certain ulcers of the os and neck of the womb.

For a description of the proper mode of applying electricity in such cases we refer to the paper before us.

The next paper is the report of a committee on "New Remedies," by Dr. E. B. Stevens, of Cincinnati.

The remedies noticed in the report are, *opium* and *belladonna* in their property of mutually antagonizing each other when taken into the human system; *inhalations* of *medicated vapours* in certain affections of the respiratory apparatus; the *hypophosphates;* the *compound syrup of phosphates*, or chemical food; *oxygen*, in certain depressed conditions of the system; *preparations of iron*, especially in the treatment of erysipelas; *bromine*, as an antiseptic, and a prophylactic of erysipelas, diphtheria, pyemia, and hospital gangrene, as well as a most important remedy in their control when they have set in, used both locally and constitutionally.

Dr. Stevens makes the following very correct remarks in an early part of his report: "Whenever we arrive at a more correct appreciation of the exact qualities of an *old* remedy; whenever we learn to apply it for the relief of symptoms hitherto overlooked; whenever we discover new combinations of remedies, or a mode of administering them which increases their efficiency as curative agents—in all these cases we have *new remedies* presented to us quite as truly, for all practical purposes, as though we had absolutely discovered a new drug."

The next report is that on the "Number and Condition of the Medical Societies of Ohio," by Dr. R. Wallace, of Lewisburg.

The report presents no very flattering exposition of the condition of these associations, which are so necessary for the promotion of medical knowledge, medical union, medical ethics, and for the defence of medical practitioners in the maintenance of their just rights. As is the case nearer home, there are in Ohio

many physicians who, either from a perfect indifference to everything beyond what they esteem their own individual interests, or some other equally selfish pretext, keep themselves aloof from all professional organizations; in consequence the medical society has generally neither the support nor countenance of the medical men of the several counties of the State. This condition of things should not be. The power of associated influence and co-operative action in the attainment and spread of useful knowledge and in the bringing of such knowledge into practical usefulness, is beginning to attract public attention everywhere, and we may hope that the time is near at hand when the entire body of the medical men of the United States will feel themselves in duty bound to aid effectually in perfecting and sustaining the professional organizations of our several counties and States, and of the entire Union.

The next paper is an account of the arrest and cure of a case of "Mollities Ossium" by the use of phosphate of lime and phosphoric acid. Reported by Dr. N. DALTON, of Logan.

The patient was a female 17 years of age, who had been confined to her bed for upwards of eight months, with pains in her bones and deformity of the osseous tissues of the whole of the right side, with entire absence of osseous matter in the left lower extremity and great deficiency of it in that of the left side. There was irritability of stomach---rejecting nearly all other than acid food; while all acids, the patient complained, caused her exceeding languor. The ejections from the stomach were decidedly acidulous; in the urine there was a large quantity of a grayish deposit, equal to one-third the volume of the urine passed, especially in the morning. By analysis the urine was found to be full five and a half grains to every ounce. The patient was placed under the use of the phosphate of lime, which was carried to the extent of twenty grains for a dose at each of her meals; and at the same time from a half grain to a grain of phosphoric acid between breakfast and dinner, and between dinner and supper.

After this treatment had been persisted in for about six months, the patient was able to walk about her room. The deformity of the bones was relieved in only a slight degree. The patient acquired finally the ability to move about and endure considerable bodily labour. The reasoning of Dr. Dalton in support of the adaptedness of the treatment described, in cases of mollities ossium, scrofula, chronic ulceration in strumous subjects, rickets, etc., is well deserving of an attentive perusal.

The paper next in order is entitled "Remarks on certain Adipose Tumours." It is by Dr. ALEX. MCBRIDE, of Berea. The doctor, as medical examiner of recruits, met in some seven or eight instances with a tumour, situated on the linea alba, about equidistant between the umbilicus and xyphoid cartilage, of a globular shape, soft, doughy, and about the size of a nutmeg or small walnut. They were at first mistaken for ventral omental hernia. They were irreducible, and in all cases caused the patient unpleasant sensations. In the hospital at Camp Chase in the month of March, 1863, a soldier was affected with one of these tumours. He was attacked with disease, of which he died. By a post-mortem examination it was ascertained that he had died of peritonitis with effusion of serum and plastic lymph. Beneath the adipose tissue of the anterior abdominal parietes, there existed a smooth globular tumour, about the size of a nutmeg, enveloped in delicate cellular membrane, and easily separable from the adipose tissue. It was attached by a pedicle, about two lines in diameter, which was found to pass through a circular orifice in the median line of the linea alba, and then to lose itself among the adipose substances between the linea alba and peritoneum. It did not pass through the peritoneum, nor had it any connection with it. Upon laying open the tumour it was found to be composed of the same adipose tissue with which it was in connection, though a trifle less fatty in appearance. Here, then, Dr. McBride remarks, was a protrusion of supra-peritoneal adipose tissue through the linea alba, carrying with it a sac of cellular tissue. There is no reason to suppose the tumour had any connection with the disease of which the patient died. From the examination in this case Dr. McBride infers that all the tumours he saw before and afterwards, occupying the same locality and presenting similar appearances, were, in fact,

adipose hernial tumours of the linea alba. By others similar tumours, similarly located, had been observed. It is supposed that in every thousand invalided soldiers one case of this form of tumour will be found. Surgeon W. L. Peck found three of them, while examining over one thousand recruits. Dr. Hamilton reports three cases in fourteen hundred. D. F. C.

ART. XVIII.—*Reports of American Hospitals for the Insane:—*

1. *Of the New York State Lunatic Asylum, for the years* 1861 *and* 1862.
2. *Of the Central Ohio Lunatic Asylum, for the fiscal year* 1861–62.
3. *Of the Southern Ohio Lunatic Asylum, for the fiscal year* 1861–62.
4. *Of the Vermont Asylum for the Insane, for the fiscal year* 1862–63.
5. *Of the Maine Insane Hospital, for the year* 1863.
6. *Of the State Hospital at Worcester, Mass., for the fiscal year* 1861–62.
7. *Of the State Hospital at Northampton, Mass., for the fiscal year* 1861–62.
8. *Of the Maine Hospital, for the year* 1862.

1. IN 1861, as appears by its report for that year, the New York *State Lunatic Asylum*, at Utica, was relieved of a burthen which had long been borne, and which still weighs oppressively upon many of the other State hospitals for the insane. All the male convicts who had been committed to its care were transferred to the hospital at Auburn, which was expressly intended for that class of the insane.

In this movement "the State," remarks Dr. Gray, "has inaugurated a progressive step," and we cordially unite with the doctor in the hope that "the precedent now established will become a settled policy, and finally embrace the exclusion of all classes of 'criminal insane' from the ordinary asylums, and secure their treatment in separate institutions, or in wards adjoining and connected with the hospital department of the prisons, and under the care of the prison or other competent physicians."

	Men.	Women.	Total.
Patients in hospital November 30, 1860 . .	282	235	517
Admitted in course of the year . . .	154	141	295
Whole number	436	376	812
Discharged, including deaths	157	123	280
Remaining November 30, 1861 . . .	279	253	532
Of those discharged, there were cured . .	48	35	83
Died	21	10	31

Died of general paralysis, 10; exhaustion from insanity, 8; tubercular consumption, 4; erysipelas, 3; syncope, 2; paralysis, pneumonia, epilepsy, and meningitis, 1 each.

In the ten cases of mortality from the paralysis peculiar to the insane, the ages of the patients "varied from 28 to 57 years; and the duration of the disease from ten months to three and a half years. The disease was ushered in by convulsions in two cases. In nine it was associated with dementia, and in one with mania. Four were persons of correct and six of intemperate habits."

Of the admissions, "forty-six were strongly marked suicidal cases, most of whom had attempted self-destruction before admission; fourteen others were homicidal, and four suicidal and homicidal.

"One man and two women received were, after observation, found not to be insane, but cases of confirmed inebriety.

"Two of these cases were sent by the public authorities, and one by friends, and all under medical certificates of insanity."

In relation to the reluctance to sending insane persons to the hospitals, the report says:—

"In some places and among some people this reluctance arises from a false impression of the character and operations of such institutions, originating in